

842 types of food divisions (for work activities) than by having plenty of daughters to share in the wealth of the maternal lineage.

Veti says on this matter: any ideal family would be composed of equal numbers of male and female children. I would like daughters to assist in the work of the house while they are young and unmarried. I would like them for the food shares they bring in. Even though daughters are nominally lost to the family when they marry out and go to live elsewhere, nevertheless the system is so flexible that their husbands can generally be relied on to help with food and work when the occasion demands. A son is necessary, especially a first-born son, so that the name of the family can be handed down to later generations.

As long as the daughters do not marry early, the father is assured that their food shares will be brought into the house for a reasonably long time. Whereas the adult son may get independent, go to live elsewhere, and take his food shares away from the house from an early age, a daughter would rarely be so independent. If the unmarried daughter has children, these remain with their mother's father if he so desires and insists, even though the daughter later goes elsewhere to live with the man she marries. These "illegitimate" children bring in more food shares to his household, and thus increase his wealth and status in the community.

Whatever prospective parents may prefer their child to be, no method is known to influence its sex. They can only fervently hope that the child will be what they desire. They may express their hope aloud in such words as, "Pi pe ta tama tama e wai tama-waiana!" (If only our child will be a girl!)

DELIVERY

844 The pregnant woman continues to live in the house of her husband or father, if she is unmarried, up to the time of her confinement. When she feels labor pains (*makotupo* or *makatahina*) she goes outside to the back of the house, if this is a quiet place, and lies down on a mat or coconut sheet placed on the ground.

No coconut cream or other purgative is given before labor to clear the lower bowel. In delivery, the parturient woman sits on the ground with her legs stretched out and apart in front of her. Should this position become uncomfortable, she changes to a squatting position. But she soon resumes the preferred sitting position. A medicine man specializing in obstetrics (*tongata vakawawana*) or, failing him, any close male relative, sits in the same position behind her; she may also sit on his outstretched legs. The parturient woman is further assisted by another adult, usually a woman, mother or mother's sister, who squats in front of her and leans forward, pressing her hands down on the parturient woman's knees, thus giving her support in her straining movements (*hahawanga*). When the baby comes (*to*, falls) it is taken either by the mother herself or else by the attendant in front of her. To help the woman in delivery, the *tongata vakawawana* applies physical therapy (*pepangi te las mui*), pushing with the heel or the palm of the hand on the small of her back. If the baby appears to be coming out feet first, it is turned (*amawaki*) before delivery, by external digital manipulation of the abdomen.

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783 Delayed childbirth or prolonged labor pains (*gafa lakua*) are believed to result from the woman's having copulated with another man after she became pregnant by the blood father of her child. When relatives hear of the hard labor, they gather about the parturient woman and urge her to confess (*niu*) all her sexual sins (*yalo*). She is expected to confess in great detail from the first to the latest sexual irregularity. Only then can the child be delivered. An unmarried mother is also expected to confess all her sexual irregularities, giving the names of all the men with whom she has had intercourse, together with a list of all other sins she has committed. Confession is followed

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— In case of severe illness where neither treatment nor consultation with the gods seemed to help, the medicine man might recommend holding a general confessional over the sick person. He might also recommend in a case of difficult childbirth that the parturient mother confess. (See p. 273.) The object of the general confessional was to bring to light concealed sins among the patient's relatives, sins which might be retarding recovery, or for which the sick person might be suffering. The confessional survives today. We were present at one held over a sick child, an only son, aged ten months, in a family of girls:

In the evening at about seven o'clock all the relatives, both close and distant, gathered in the small house of the parents. Outside were grouped all the people of the village, together with many people from the other two villages. Many brought mats with them, upon which they lay; others lay on the bare ground. All age groups were represented, as well as both sexes. The mother sat in the middle of the group inside the house, with the closer relatives grouped around her. She held the sick child on her lap, but did not participate in the "confession". Above her head a lamp burned, and by the lamp hung the old semit male that the child would receive should it live to maturity.

The "confession", conducted by the principal males present, consisted in reiterated pleas and challenges directed by each man in turn to the other men and to the mother, urging them to confess what they had of evil in their hearts; suggesting that the child was sick because relatives had bad hearts (*ngakas hino*) and he could only get well when, and if, all the evil was confessed away from their hearts. No one actually confessed his sins aloud before the assembled community, but presumably each did so in the secret recesses of his heart. When one man stopped his urgings, another took up the plaint, and the arguments were bandied about the group without cessation. The crowd outside the house just listened, for the most part silently; some carried on conversations in low voices, and the inevitable flirting went on between the young men and women on the outskirts of the group. The "confession" was kept up all night, though the spectators drifted away at a late hour, leaving only the relatives to carry on.

All was in vain, however. The baby died early the following morning; and the death was attributed in part to the fact that some among the relatives had not cleared their hearts as fully as was desirable.

PHYSICAL THERAPY

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[17] Though dependent upon the suggestions of the god for confirmation of diagnosis and ideas of treatment, the Pukapukan medical practitioner had, and still has, at his command a number of effective empirical techniques. My information is from Pau, today the foremost medicine man in Pukapuka. His treatments in general seem to follow native patterns, but he has probably borrowed (how much it is hard to tell) some of his rationalizations and practices from European knowledge. The practice of *lomilomi* (deep pressure) is the outstanding method of physical therapy:

Pau's theory is that pressure on a vein (*seae*) close to the seat of pain, in *lomilomi*, cuts off the blood vessels from the source of irritation, and thus prevents bad blood from flowing along the vein to the affected part. Formerly it was believed also to cut off the disease object from the seat of pain so that it could be removed.

The two movements of *lomilomi* are: *yoka* (deep pressure) or *uana* (gentle pressure), pressing with one finger on the affected vein; and *uabotele* ('to travel'), placing